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CONFIRMATION NO. 4784

<b>SERIAL NUMBER</b> 10/520,959	<b>FILING OR 371(c) DATE</b> 09/15/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> DUMME58.001APC
<b>APPLICANTS</b> Colin Campbell Marshall Moore, North Sydney, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/00400 04/03/2003 <i>SLD 6/10/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 31403/02 04/03/2002 <i>SLD 6/10/07</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 20995				
<b>TITLE</b> Phalloplasty				
<b>FILING FEE RECEIVED</b> 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	